

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90079 026 ***150.00

DOCUMENT # F99000006653

1. Entity Name
LRA HOLDING CO, INC.

Principal Place of Business PO BOX 1448 BONITA SPRINGS FL 34135-1448	Mailing Address PO BOX 1448 BONITA SPRINGS FL 34135-1448
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2. Principal Place of Business 12698 Fox Ridge Dr.	3. Mailing Address P.O. Box 1448
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONITA SPRINGS FL	City & State BONITA SPRINGS FL
Zip 34135 Country Lee	Zip 34133-1448 Country Lee



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MULLAY, LAURIE
 12698 FOX RIDGE DR.
 BONITA SPRINGS FL 34135**

4. FEI Number **65-0956971**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MULLAY, LAURIE 12698 FOX RIDGE DR. BONITA SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY, TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurie Mullay* **4/26/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #